


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M50753**  
 1. Entity Name  
**SOUTH MOTORS CHRYSLER-PLYMOUTH, INC.**



Principal Place of Business 16165 S. DIXIE HWY MIAMI, FL 33157 US	Mailing Address 16165 S. DIXIE HWY MIAMI, FL 33157 US
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2804935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, LARRY J.  
 1221 BRICKELL AVENUE  
 MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DASCAL, CHARLES 1801 S.W. 1ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, LARRY J 1221 BRICKELL AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HILTON, JOHN 16165 S. DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD VILLAMANAN, MANUEL 16165 S. DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARIFF, JONATHAN 16165 S DIXIE HWY MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/12/05-80014-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** John A. Hilton, CFO 010505 305-256-2317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #